

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38472

STATE FILE NUMBER

FILED NOV 15 1957

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2611

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| 1. PLACE OF DEATH a. COUNTY St Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY St Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | c. CITY OR TOWN Overland | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Co Hosp | | d. STREET ADDRESS 3512 Wismer | |
| 3. NAME OF DECEASED (Type or print) First HARRY Middle C Last LIND | | 4. DATE OF DEATH Month Oct Day 20 Year 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Dec 21 1884 | |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Maker | | 9b. KIND OF BUSINESS OR INDUSTRY Organ | |
| 10a. BIRTHPLACE (City and state or country) Sedalia Mo | | 10b. CITIZEN OF WHAT COUNTRY? USA | |
| 11. FATHER'S NAME UNKNOWN Lind | | 12. MOTHER'S MAIDEN NAME Do not know LAST- FRIST-ELIZABET | |
| 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 14. SOCIAL SECURITY NO. 492-07-1302 | |
| 15. INFORMANT Address Theresa Lind 3512 Wismer | | 16. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown "natural" causes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | |
| 17. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 18. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 19. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 23. CITY, TOWN, OR LOCATION | | 24. COUNTY | |
| 25. STATE | | 26. I attended the deceased from 8:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | |
| 27. SIGNATURE (Degree of title) Herbert R. Donke, M.D., Local Registrar | | 28. ADDRESS 651 S. Brentwood Blvd. | |
| 29. DATE SIGNED 10/28/57 | | 30. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 31. DATE 10/23/57 | | 32. NAME OF CEMETERY OR CREMATORY Galvary Cemetery | |
| 33. LOCATION (City, town, or county) St Louis Mo | | 34. STATE | |
| 35. FUNERAL DIRECTOR Ortmann F Home | | 36. DATE RECD. BY LOCAL REG. 10-22-57 | |
| 37. ADDRESS Overland Mo 9222 Lackland | | 38. REGISTRAR'S SIGNATURE Herbert R. Donke | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Al. C. Ottmann*

Licensed Embalmer No. *34*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.